Bruce Rauner Governor



Beverly Walker Acting Director

## Illinois Children and Family Services Advisory Council

March 15, 2018 from 3:30 to 5:00 PM

### **Minutes**

- I. Welcome and Introduction
- II. Approval of Minutes from December 21, 2017 (Cannot approve no quorum present)

Attendance in-Person: Robert Foltz MD; Marge Berglind, Chidima S. Okorie;

Phone: Maggie Poteau, Alicen Mcgowan, Jennifer Hansen; Allen Yang; Andrea Durbin; Judge martin

DCFS leadership: Michael C. Jones Michelle Jackson: Shirley Barsh-Davis

Members of the public: Leroy Parker, Jesse Modjeski

## III. Director Report: 0-3 summit and Next steps

Discussion: 0-3 Summit and next steps/goals

Andrea Durbin- The Governor's Budget is purposed to cut child care by 20%. How will this impact the planning around 0-3 from the DCFS perspective?

Marge Berglind: What about using the Protective Service Day Care Budget line item......Is this part of the mix? Are we missing the funding, is it being spent differently? Is there a lack of resources to back up the process?

<u>How many of these children are eligible for Title IV-E Fund...how will the family first budget and prevention act that has a 50/50 mix by using proactive preventions.</u>

- One of the key issues is that it is a finite pool of money that states can draw down....
- <u>Financial Analysis of Family First prevention act...especially around the limitations in residential care...Consider the potential oversight required.</u>
- How will this complicate issues and concerns in re

What about the impact of Immersion sites and the ability to draw Title IV-E to support this program

<u>Decisions:</u>	Point Person(s):
<ul> <li><u>Financial Analysis of Family First prevention actespecially</u></li> </ul>	
around the limitations in residential careConsider the	
potential oversight required.	

#### Discussion:

This Pilot began Q1 of 2017 Focused on Addressing program functioning, individual child outcomes, and address systemic barriers

• There are some authority issues

TRPMI covers around 40% of agencies

- Initially Therapeutic efforts were also supplemented by DCFS clinical (Until November 2018)
- TRPMI developed a new data system to support the clinical and supportive needs that monitoring requires

Established a steering and implementation sub-committee which grapples with every day challenges, 4 residential providers are also involved on the steering committee.

#### **OUTCOMES:**

Pick measures, which there was historical data, and the measures would be aligned with other outcomes. This includes close with the Child wellbeing committee (Safety, Wellbeing, Permanency)

- We are measuring at child level, and aggregated to agency, and then aggregated to TRPMI.
- Some measures are the same as those measures from non-TRPMI sites? They are similar in many ways.
- Why didn't we focus on metrics which actually mattered, hopefully the data in the future system will help create better questions.

Lets break out a specific: Run Behavior: We want to understand if frequency is increasing, help understand why they run, and identify what are the most dangerous or vulnerable. But it is hard to get this out of administrative data today.

- Well-being data utilized CANS items and CANS domains to evaluate outcomes, as the CWAC group on well-being is also using these
- TRPMI thinks that they need 4-6 quarters to determine the intervention.
  - 1. The fact that you are using CANS means that you cannot get as much viewable change in the data.
  - 2. No real tracking of the model utilized to realize any change. (GOING TO MATTER WHEN IT COMES TO FAMILY FIRST)

#### Allendale: 9 cottages and capacity for 140 youth,

To some extent the issues of Allendale exist in every agencies in more or less ways.

- Workforce issues, staff working double shifts, they were dependent on this overtime due to low wages. High turnover, very young staff, an absence of seasoned staff, (1/3 to ¼ of staff positions are vacant at the moment) (these are very low paid staff, average salary was 13.74\$ per hour)
- Agency was just focused on surviving no real QI, no real review of data, couldn't identify what the problem was in data
- Youth voice: a lot of complaints, they were afraid of staff, running away a lot, community was experiencing frustration around the youth. Police and fire were there multiple times. High level of use of restraints.
- Discharged troubling clients from the program, talked with the police, the harshest critic of Allendale was the Chief of Police.

Reported some 25 empty beds in the program and working to go	et them filled.	
Evidence of improvement: Staff have improved contact with the youth in care, they are working model. Staff are reporting that they are happy, and more accessible Youth Voice: We wanted them to develop a meaningful grievance immediately acknowledged. Make a plan and close the feedback loads 434 Grievances, now they are down to 188. AWOLs went down Quarty is to debrief youth after each restraint. This would include party person who debriefs. If the restrain number or duration is too	e to youth. system. Grievances are cop with the youth They went from [21 (42)-Q2 (11)] a wellbeing check. There is a 3 <sup>rd</sup>	
Marge and Andrea: The log jam is partially due to low rates across the board, in foster care, in key positions, case workers, This is a national problem not one of Illinois alone. We should go to General assembly to help seek higher rates of Illinois.		
Is Success really due to lower number of clientshow do you make these locations economically viable. Consider things like difficulty adjustment.		
Need a small intervention pilot to offer 8-10 bed days. Utilize alumni to help provide insight and coaching to current youth.		
YAB: Where are the client satisfaction surveys, and youth experience surveys? Not applied universally. Recommending Unviersal DX survey for youthit is in the program plan why isn't it happening? Does this happen under the BH plan too?		
Connect with the SYAB and RYAB with TRPMI What is the end date of the TRPMI program???		
Decisions:	Point Person(s):	
V. Discussion Item: Child on Child Sexually Problematic Behaviors		

<u>Discussion:</u> Review of steps taken, Next steps and progress.	
Decisions: TABLE TO NEXT MEETING	Point Person(s): Najma Adams, Alicen McGowan, and Jeremy Harvey

# VI. Discussion Item: Membership/Ethics

<u>Discussion:</u>	
Decisions: TABLE TO NEXT MEETING	Point Person(s):

**REBUILD DX list.** Include BSF, PFL, Maggie, Members, DCFS leadership (Optional)

**Meeting Adjourned** 

Next Meeting: June 14th, 2018